

# USERRA LWOP-US Technician Checklist

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

The USERRA LWOP-US Technician Checklist assists California National Guard Federal Employees in understanding and determining what elections and options are available to them at the time they elect Leave-Without Pay due to Uniformed Services or Resignation or Separation due to Uniformed Services. This form, a Standard Form 52 (Request for Personnel Action), and a copy of military orders (if available) or compatible notification from the Military Unit must be completed and submitted to the JFHQ HRO prior to entering Military Active Service for appropriate processing.

**NOTE: Except for SEP-US electors, military services less than 30 days need not submit the above items mentioned. Complete the USERRA Technician Checklist for SEP-US**

## SECTION I — Employee Data

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(PLEASE PRINT LEGIBLY) (SOCIAL SECURITY NUMBER)

Technician Unit/Organization: \_\_\_\_\_ Pay Plan-Occ. Code-Grade \_\_\_\_\_  
(PLEASE PRINT LEGIBLY) (i.e. GS-0200-07)

Forwarding or mailing address: Street: \_\_\_\_\_  
[List a forwarding address, which may be your current address or other](#) City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SECTION II — Elections and Options

Please review and **initial** next to the following items to ensure you have read and understood your elections and options. If the election does not apply, enter N/A

### 1) Members electing Leave-Without Pay due to Uniformed Services (LWOP-US)

[Electing LWOP-US will convert your ACTIVE pay status to INACTIVE pay status rather than separated.](#)

- a) \_\_\_\_\_ I want to be placed on LWOP-US beginning \_\_\_\_\_ (dd-mmm-yyyy)  
(INT) [\(Election must on the day or after the effective date of your orders and not prior\)](#)
- b) \_\_\_\_\_ Military orders or compatible notification from the Military Unit is/are attached (circle one) YES NO  
(INT) [\(Should be provided prior to LWOP-US processing. However, this does not prevent your election\)](#)
- i) Effective date of orders/notification: \_\_\_\_\_  
(dd mmm yyyy)
- ii) Expiration date of orders/notification: \_\_\_\_\_  
(dd mmm yyyy)

### 2) Technician Restoration periods - Acknowledgement of Understanding

- a) \_\_\_\_\_ I understand if I serve **less than 31 days**, I must report back to work at the **beginning of the next**  
(INT) **regularly scheduled workday** following completion of my service.
- b) \_\_\_\_\_ I understand if I serve **more than 30 but, less than 181 days**, I must apply for reemployment no later  
(INT) **than 14 days** following completion of my service.
- c) \_\_\_\_\_ I understand if I serve **more than 180 days**, I must apply for reemployment no later than **90 days**  
(INT) **after completion of service to apply for restoration.**
- d) \_\_\_\_\_ I understand I have **NO RE-EMPLOYMENT RIGHTS** if I serve more than a **cumulative total of 5**  
(INT) **years** (unless mobilized under contingent operations, such as operations Enduring Freedom, Noble Eagle, and Iraqi Freedom).

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3) **Earned Leave (Annual, Compensatory, and Military Leave only)**

Technicians may elect to keep, use earned leave prior to taking LWOP-US. If you elect to save your earned leave, it will continue to be cached in the pay system. If you elect to receive a lump sum payment (**applies to Annual Leave only**), Defense Finance and Accounting Services (DFAS) will provide a lump sum payout on your last Leave and Earnings Statement (LES).

- a) \_\_\_\_\_ **I DO NOT** want to use my earned leave balance at this time nor request a lump sum payment of my  
(INT) annual leave.

**OR**

- b) \_\_\_\_\_ **I DO** want to use my earned leave prior to LWOP-US. I understand I must coordinate with my  
(INT) Supervisor and Time & Attendance Representative to ensure accurate submission.

**OR**

- c) \_\_\_\_\_ **I AM** requesting a lump sum payment of my (accrued) annual leave. I understand payment will be paid out  
(INT) in my last LES.

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**SECTION IIa — Elections and Options of Employment Benefits**

Members entering LWOP-US will have certain effects on Federal Employee Health Benefits, Retirement, and Thrift Savings plans. Please review and **initial** next to the following items to ensure you have read and understood your elections and options. If the election does not apply, enter **N/A**.

4) **Federal Employee's Health Benefits (FEHB)**

Technicians may elect to cancel their FEHB or retain FEHB for up to 24 months during LWOP-US. Technicians may cancel their FEHB up to 60 days after being placed in LWOP-US and will have 60 days to re-initiate FEHB coverage upon returning to duty from LWOP-US. NOTE: The effective date should be the same date or after being placed in LWOP-US.

***Cancellations***

Complete this section if you wish to cancel your FEHB regardless of the type of military service (contingent or non-contingent). NOTE: Cancelling your FEHB does not mean **termination**. In addition, you may cancel your FEHB prior to LWOP-US as long as: 1) cancellation is effective the date you enter military service and 2) military service is more than 30 days.

- a) \_\_\_\_\_ **I AM CANCELLING** my FEHB and am aware I must submit a Standard Form 2809 along with this  
(INT) checklist. The effective date is: \_\_\_\_\_ (dd-mmm-yyyy).

**OR**

***Contingency Operations***

Complete this section for technicians serving under Contingency Operations such as Enduring Freedom, Iraqi Freedom, and Noble Eagle. NOTE: IF ELECTING TO KEEP FEHB, THE AGENCY WILL CONTINUE TO PAY FOR YOUR FEHB PREMIUMS NOT TO EXCEED 24 MONTHS.

- b) \_\_\_\_\_ **I AM** electing to keep my FEHB and am aware the agency will cover for my FEHB premium not to  
(INT) exceed 24 months.

**OR**

***Non or Other Than Contingency Operations***

Complete this section for technicians serving under non or other than Contingency Operations such as Active Guard Reserve (AGR), Active for Special Work (ADSW), or other title 32 military service. NOTE: IF ELECTING TO KEEP FEHB, THE EMPLOYEE WILL CONTINUE TO PAY FOR HIS/HER SHARE OF THE FEHB PREMIUM FOR UP TO 12 MONTHS AND 102% FOR THE REMAINING 12 MONTHS.

- c) \_\_\_\_\_ **I AM** electing to keep my FEHB and request to have one of the following:  
(INT)

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- i) \_\_\_\_\_ I WANT TO Incur a debt upon my Return to Duty.  
(INT)

OR

- ii) \_\_\_\_\_ I WANT TO Pay for my FEHB on a continuing basis during my absence.  
(INT) Payments are made and sent to:

DFAS Disbursing Officer  
P.O. Box 998019  
Cleveland, OH 44199-8019

\*Please include SSN with your payments and annotate "LWOP-US FEHB Payment".

### 5) **Technician Pay**

Members entering LWOP-US will have certain affects on automated deductions, investments and/or garnishments. To manage your pay information (i.e. Address, Direct Deposit, LES delivery, and Allotment information) you will need to access the DFAS My Pay Web Site at <https://mypay.dfas.mil/mypay.aspx>

- a) \_\_\_\_\_ I understand any allotments established on my technician pay will halt while on LWOP-US  
(INT) and automatically be restored upon returning to active paid status.
- b) \_\_\_\_\_ I understand any other garnishments such as normal employment benefits or investments (Thrift Savings  
(INT) Plan) established on my technician pay will halt while on LWOP-US and automatically restored upon returning to active paid status.
- c) \_\_\_\_\_ I understand if I have **child support** payments/garnishments established on my technician pay, I must  
(INT) ensure DFAS has a copy of the court order. DFAS contact number is (866) 859-1845.

### 6) **Employee Benefits**

Members entering LWOP-US will have certain affects on Federal Employees Retirement System (FERS), Civil Service Retirement Systems (CSRS), Thrift Savings plans (TSP), and Federal Employees Group Life Insurance (FEGLI).

#### ***Retirement***

- a) \_\_\_\_\_ I understand if I am placed on LWOP-US, death and disability benefits will continue under my retirement  
(INT) system.
- b) \_\_\_\_\_ I understand military service is potentially creditable service. However, I must make a deposit for such  
service to avoid the Catch-62 (CSRS employees must make a deposit if first hired after 1 Oct 82, FERS must make a deposit for the time to count).

#### ***Thrift Savings Plan (TSP) Loans***

In relation to a technician's pay status, TSP deductions such as a loan will be halted until a technician returns to duty.

- a) \_\_\_\_\_ I have a TSP loan and request the HRO or representative complete a TSP-41, Notification to TSP of  
(INT) Nonpay Status, on my behalf.

#### ***Federal Employee's Group Life Insurance (FEGLI)***

FEGLI coverage will be cancelled after 12 months of LWOP. Technicians will be granted a 31-day temporary extension of coverage during which they may convert coverage to a private individual policy of their choice.

- a) \_\_\_\_\_ I understand if I am placed on LWOP, my FEGLI coverage will continue for 12 months with no cost  
(INT) to me.

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b) \_\_\_\_\_ **I WANT** to elect conversion to a private individual policy.  
(INT)

**OR**

c) \_\_\_\_\_ **I DO NOT WANT** to elect conversion to a private individual policy.  
(INT)

7) **Office of the Worker's Compensation Program (OWCP)**

*Initial one of the following below if you have ever been an OWCP claimant. This section helps HRO to identify technicians who have sustained injuries during technician status prior to and after military service.*

a) \_\_\_\_\_ I have an open OWCP claim on file.  
(INT)

b) \_\_\_\_\_ I have a closed OWCP claim on file  
(INT)

c) \_\_\_\_\_ I do not have an OWCP claim on file.  
(INT)

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**SECTION III — Final Acknowledgement**

I understand my elections and acknowledgements herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*For additional information, please contact your local Human Resource Office remote designee or the Human Resources Office at (916) 854-3350*

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***FOR REMOTE DESIGNEE USE ONLY***

Check off each item and sign to verify completion:-

Orders

SF – 52

USERRA Checklist Complete

X\_\_\_\_\_

***FOR HRO USE ONLY***

FEGLI: YES / NO

FEHB Code: \_\_\_\_\_

Order Start Date: \_\_\_\_\_

Order End Date: \_\_\_\_\_

90 Day Restoration Date: \_\_\_\_\_

TSP Loan: YES / NO

Annual Leave Lump Sum: YES / NO